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CONFIRMATION NO. 2825

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10/516,399	07/21/2005	435	1634	016325-014000US
	RULE			

## APPLICANTS

Bernard Allan, San Francisco, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/US03/17825 06/04/2003 which claims benefit of 60/386,013 06/04/2002 and claims benefit of 60/386,107 06/04/2002 and claims benefit of 60/386,074 06/04/2002 and claims benefit of 60/385,857 06/04/2002 and claims benefit of 60/386,615 06/05/2002 and claims benefit of 60/386,654 06/05/2002 and claims benefit of 60/386,332 06/05/2002 and claims benefit of 60/386,481 06/05/2002 and claims benefit of 60/386,600 06/05/2002 and claims benefit of 60/386,558 06/05/2002 and claims benefit of 60/386,326 06/05/2002 and claims benefit of 60/386,314 06/05/2002 and claims benefit of 60/386,513 06/05/2002 and claims benefit of 60/386,512 06/05/2002 and claims benefit of 60/387,026 06/06/2002 and claims benefit of 60/386,017 06/05/2002 and claims benefit of 60/387,039 06/06/2002 and claims benefit of 60/386,861 06/06/2002 and claims benefit of 60/386,944 06/06/2002 and claims benefit of 60/386,955 06/06/2002 and claims benefit of 60/386,838 06/06/2002 and claims benefit of 60/386,865 06/06/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

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\*\* 02/21/2007

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 68	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>B. Allison</i> Examiner's Signature Initials				

## ADDRESS

20350

## TITLE

Methods of diagnosing and treating diabetes and insulin resistance

☐ All Fees

<b>FILING FEE RECEIVED</b> 411	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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